



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc

NAIC Group Code 00000 , 00000 NAIC Company Code 52615 Employer's ID Number 38-3379956
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 10/14/1997 Commenced Business 08/01/1998

Statutory Home Office 228 West Washington St , Marquette, MI 49855
(Street and Number) (City, State and Zip Code)

Main Administrative Office 228 West Washington St
Marquette, MI 49855 906-225-7500
(City, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Mail Address 228 West Washington St , Marquette, MI 49855
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 228 West Washington St
Marquette, MI 49855 906-225-7500
(City, State and Zip Code) (Street and Number) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Kevin William Carlson , 906-225-7500
(Name) (Area Code) (Telephone Number) (Extension)
kwcarlson@uphp.com 906-225-8687
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Dennis Smith</u>	<u>President</u>	<u>Greg Gustafson</u>	<u>Treasurer</u>
<u>Jerry Worden</u>	<u>Secretary</u>		

OTHER OFFICERS

, ,

DIRECTORS OR TRUSTEES

<u>Michelle Tavernier</u>	<u>David Jahn</u>	<u>John Schon</u>	<u>Jerry Worden</u>
<u>James Bogan</u>	<u>Kevin Calhoun</u>	<u>Sherrice Perry</u>	<u>Scott Pillion</u>
<u>Eric Jurgensen</u>			

State of Michigan **ss**
County of Marquette

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Smith Greg Gustafson Jerry Worden
President Treasurer Secretary

Subscribed and sworn to before me this 16 day of February, 2011

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Tanya M Jennings HR Director
October 11, 2013

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Upper Peninsula Health Plan, Inc

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

19

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

20

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	232,404		47,929	184,475	184,475	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	232,404	0	47,929	184,475	184,475	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Upper Peninsula Health Plan, Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Upper Peninsula Health Plan, Inc 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2010				NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	28,566	377							28,189	
2 First Quarter	29,192	357							28,835	
3 Second Quarter	29,365	404							28,961	
4. Third Quarter	29,433	413							29,020	
5. Current Year	29,774	492							29,282	
6 Current Year Member Months	352,033	4,946							347,087	
Total Member Ambulatory Encounters for Year:										
7. Physician	190,631	2,678							187,953	
8. Non-Physician	109,515	1,539							107,976	
9. Total	300,146	4,217	0	0	0	0	0	0	295,929	0
10. Hospital Patient Days Incurred	8,537	6							8,531	
11. Number of Inpatient Admissions	3,023	4							3,019	
12. Health Premiums Written (b).....	99,382,341	388,904							98,993,437	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	99,382,341	388,904							98,993,437	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	79,326,138	274,651							79,051,487	
18. Amount Incurred for Provision of Health Care Services	78,360,843	282,443							78,078,400	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010				NAIC Company Code		52615
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	28,566	377	0	0	0	0	0	0	28,189	0
2 First Quarter	29,192	357	0	0	0	0	0	0	28,835	0
3 Second Quarter	29,365	404	0	0	0	0	0	0	28,961	0
4. Third Quarter	29,433	413	0	0	0	0	0	0	29,020	0
5. Current Year	29,774	492	0	0	0	0	0	0	29,282	0
6 Current Year Member Months	352,033	4,946	0	0	0	0	0	0	347,087	0
Total Member Ambulatory Encounters for Year:										
7. Physician	190,631	2,678	0	0	0	0	0	0	187,953	0
8. Non-Physician	109,515	1,539	0	0	0	0	0	0	107,976	0
9. Total	300,146	4,217	0	0	0	0	0	0	295,929	0
10. Hospital Patient Days Incurred	8,537	6	0	0	0	0	0	0	8,531	0
11. Number of Inpatient Admissions	3,023	4	0	0	0	0	0	0	3,019	0
12. Health Premiums Written (b).....	99,382,341	388,904	0	0	0	0	0	0	98,993,437	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	99,382,341	388,904	0	0	0	0	0	0	98,993,437	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	79,326,138	274,651	0	0	0	0	0	0	79,051,487	0
18. Amount Incurred for Provision of Health Care Services	78,360,843	282,443	0	0	0	0	0	0	78,078,400	0

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Upper Peninsula Health Plan, Inc

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	3	3	2	2	3
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	197	164	137	151	280
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	37,455,809		37,455,809
2. Accident and health premiums due and unpaid (Line 15)	0		0
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	554,132		554,132
6. Total assets (Line 28)	38,009,941	0	38,009,941
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	10,297,542	0	10,297,542
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	484,591		484,591
13. Total liabilities (Line 24)	10,782,133	0	10,782,133
14. Total capital and surplus (Line 33)	27,227,808	XXX	27,227,808
15. Total liabilities, capital and surplus (Line 34)	38,009,941	0	38,009,941
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. U.S. Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP0
57. Canada	CN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....YES.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
APRIL FILING		
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
21.	Will the Supplemental Health Care Exhibit be filed the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING		
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....












Explanation:

11.
12.
13.
15.
16.
17.
18.
19.
20.
21.
22.

Bar code:

11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	 5 2 6 1 5 2 0 1 0 3 6 0 5 9 0 0 0
12.	 5 2 6 1 5 2 0 1 0 2 0 5 0 0 0 0 0
13.	 5 2 6 1 5 2 0 1 0 2 0 7 0 0 0 0 0
15.	 5 2 6 1 5 2 0 1 0 3 7 1 0 0 0 0 0
16.	 5 2 6 1 5 2 0 1 0 3 7 0 0 0 0 0 0
17.	 5 2 6 1 5 2 0 1 0 3 6 5 0 0 0 0 0
18.	 5 2 6 1 5 2 0 1 0 3 0 6 0 0 0 0 0
19.	 5 2 6 1 5 2 0 1 0 2 1 1 5 9 0 0 0
20.	 5 2 6 1 5 2 0 1 0 2 1 3 0 0 0 0 0
21.	 5 2 6 1 5 2 0 1 0 2 1 6 5 9 0 0 0
22.	 5 2 6 1 5 2 0 1 0 2 1 7 0 0 0 0 0

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